

Name: _____

Social Security Number: _____

EXHIBIT 3

To: **AMTRAK SETTLEMENT FUND**

CLAIM FORM

Part A

TODAY'S DATE: _____, 2000

PLEASE REVIEW CAREFULLY ALL INFORMATION ON THE ADDRESS LABEL BELOW THIS DIALOG BOX. IF ANY OF THE INFORMATION ABOUT YOUR NAME, ADDRESS OR SOCIAL SECURITY NUMBER ON THE ADDRESS STICKER IS MISSING, OUTDATED, OR INACCURATE IN ANY WAY, PROVIDE THE CORRECT INFORMATION BELOW IN RESPONSE TO QUESTIONS 1, 2, 3, AND 9.

IF ALL OF THE INFORMATION ON THE ADDRESS LABEL BELOW IS COMPLETE, CURRENT, AND CORRECT, CHECK THIS BOX: ☐

READ THE INSTRUCTIONS FORM FULLY BEFORE YOU BEGIN

(Please print clearly or type.)

1. NAME: _____
(First) (Middle) (Last)
2. STREET ADDRESS: _____ APT. NO. _____
3. CITY: _____ STATE: _____ ZIP CODE: _____
4. HOME PHONE (INCLUDE AREA CODE): _____
5. WORK PHONE (INCLUDE AREA CODE): _____
6. DATE OF BIRTH: _____ / _____ / _____

Name: _____

Social Security Number: _____

(Month) (Day) (Year)

7. RACE: _____

8. SOCIAL SECURITY NUMBER: _____

9. If your name has changed since you were employed by, or applied to, Amtrak, what was your name when you left Amtrak's employment, or filed your application or resume for employment?

10. I am filing this Claim Form:

- a) ☐ Because I am Black
- b) ☐ Because I am a Plaintiff
- c) ☐ Because I am both Black and a Plaintiff
- d) ☐ NONE OF THE ABOVE

AND

- e) ☐ I applied for a job in Amtrak's Engineering Department for its Northeast Corridor ("NEC") or in Amtrak's Metropolitan Boston Transit Authority service ("Amtrak MBTA service") but was not selected, *and* such position was covered by a collective bargaining agreement ("CBA") between Amtrak and the Brotherhood of Maintenance of Way Employees ("BMWE").
- f) ☐ I was hired into a job that was different from the BMWE-covered position in the NEC or the Amtrak MBTA service that I applied for.
- g) ☐ I was fired and/or suspended from a BMWE-covered position in the NEC or the Amtrak MBTA service.
- h) ☐ I experienced racial harassment or retaliation while employed in a BMWE-covered position in the NEC or the Amtrak MBTA service.
- i) ☐ I was denied the opportunity timely to qualify, or receive training, or to work overtime, while employed in a BMWE-covered position in the NEC or the Amtrak MBTA service.
- j) ☐ Other (*specify*): _____

k) I am currently employed by Amtrak:

Name: _____

Social Security Number: _____

☐ Yes

☐ No

Hire Date: _____

11. IF YOU ARE OR WERE EMPLOYED BY AMTRAK, STATE YOUR CURRENT OR LAST:

a) Job Title and Location: _____

b) Departure Date (*if applicable*): _____

12. I helped with the prosecution of this litigation in the following way(s):

☐ I am a named Plaintiff.

☐ I participated in the initial press conference.

☐ I provided documents to Class Counsel concerning my claims or the claims of the class.

☐ I referred other class members to class counsel. Who? _____

☐ I attended one or more negotiating sessions between Class Counsel and Amtrak's lawyers.

☐ I attended a court hearing.

☐ I provided a written statement to Counsel supporting the litigation and describing my claims.

☐ Other: _____

Name: _____

Social Security Number: _____

IF YOU WERE AN AMTRAK EMPLOYEE IN A BMW-COVERED POSITION IN THE NEC OR THE AMTRAK MBTA SERVICE BETWEEN JANUARY 1, 1995 AND MAY 5, 2000, AND BELIEVE THAT YOU WERE SUBJECTED TO RACIAL DISCRIMINATION WHILE IN THAT POSITION DURING THIS TIME PERIOD, FILL OUT PART B.

IF YOU WERE NOT AN AMTRAK EMPLOYEE WHEN YOU APPLIED FOR AND WERE REJECTED FROM A BMW-COVERED POSITION(S) IN THE NEC OR AMTRAK MBTA SERVICE BETWEEN JANUARY 1, 1995 AND MAY 5, 2000, FILL OUT PART C.

THE RELEVANT TIME PERIOD FOR ELIGIBLE CLAIMS UNDER THIS SETTLEMENT IS **BETWEEN JANUARY 1, 1995 AND MAY 5, 2000.** CLAIMS RELATING TO EVENTS OR INCIDENTS BEFORE JANUARY 1, 1995 OR AFTER MAY 5, 2000, ARE **NOT ELIGIBLE** TO RECEIVE COMPENSATION UNDER THIS SETTLEMENT.

WHEN YOU HAVE COMPLETED YOUR CLAIM FORM, PUT IT IN THE ENVELOPE, ADD POSTAGE AND **MAIL IT NO LATER THAN JUNE 30, 2000.**

YOU MUST KEEP US INFORMED ABOUT ANY CHANGE IN YOUR HOME ADDRESS. IF YOU DO NOT DO SO, AND WE CANNOT LOCATE YOU, YOU MAY LOSE YOUR CLAIM!

Name: _____

Social Security Number: _____

Part B

**TO BE COMPLETED BY CURRENT OR PAST AMTRAK EMPLOYEES
IN JOBS WITHIN THE NEC OR AMTRAK MBTA SERVICE
THAT ARE COVERED BY THE COLLECTIVE BARGAINING
AGREEMENTS BETWEEN AMTRAK AND THE BMW AND WHO
BELIEVE THAT THEY EXPERIENCED DISCRIMINATION IN THEIR
EMPLOYMENT**

ANSWER ALL OF THE QUESTIONS IN PART B IF YOU ARE SEEKING A CASH AWARD UNDER THE CONSENT DECREE. IF YOU NEED EXTRA PAGES TO PROVIDE ADDITIONAL INFORMATION, BE SURE TO PUT YOUR FULL NAME AND SOCIAL SECURITY NUMBER ON EVERY PAGE.

**CLAIMS THAT AROSE BEFORE JANUARY 1, 1995 OR AFTER
MAY 5, 2000, ARE NOT ELIGIBLE FOR
ANY AWARD FROM THE SETTLEMENT FUND.**

Initial Job Assignment

1. I first began working for Amtrak's Engineering Department in a BMW-covered position within the NEC or Amtrak MBTA service:

a) On this Date: _____
(Month) (Day) (Year)

Name: _____

Social Security Number: _____

2. If you claim that you were not hired into the BMW-covered job within the NEC or Amtrak MBTA service that you sought (or identified in your application) *and you were hired after January 1, 1995*, you should answer the following questions (a) through (e). **If you were hired before January 1, 1995, or if you received the job for which you first applied, do not answer question 2.**

- a) The BMW-covered job that I first sought at Amtrak (or identified in my application) was:

- b) The job I was hired for at Amtrak was:

- c) The reason I sought *and* was qualified for the type of job identified on my application (which was different from the job I was offered by Amtrak) was:

- d) I transferred to the original job I sought within Amtrak.

☐ Yes

☐ No

If yes, give date of transfer: _____

- e) The annual salary, including available overtime, of the desired job is greater than the job I was assigned by at least \$5,000 annually.

☐ Yes

☐ No

Name: _____

Social Security Number: _____

Discrimination in Training, Testing, Qualifications and Certification

3. If you were employed by Amtrak and you believe that you suffered discrimination in connection with training, testing, qualification or certification for a skill necessary to get another BMW-covered job within the NEC or Amtrak MBTA service, because of your race between January 1, 1995 and May 5, 2000, answer the questions below. This discrimination includes, for example,

- refusing to allow you to train, or test;
- giving you inadequate training;
- delaying your training or testing;
- giving you an unfair test;
- refusing to qualify or certify you even though you passed the test.

- a. If you suffered discrimination in training, testing, qualifications or certification relating to a skill, and you believe the denial was based on your race, please describe the training or testing that you were denied.

<u>Testing, Qualification, or Training Denied</u>	<u>Date of Denial</u>	<u>Job Title and Location or Gang at time Requested, and Name of Official who Denied Training</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b. For each of the instances of discrimination that you listed above, provide the names and seniority information relating to white employees who received favored treatment.

<u>Name of Employee and Race</u>	<u>Seniority (+ or – less you)</u>	<u>Manner in which white employee was treated better</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____

Social Security Number: _____

- c. If you suffered discrimination in an opportunity for training, certification, qualification, or testing relating to a skill, and the loss of that opportunity *directly led to your failure to get a better job within the six months following the denial*, please describe the job that you were denied below:

<u>Job Title and Salary of Job Denied</u>	<u>Date of Job Denial</u>	<u>Job Title Held on that Date and Salary of Job Held on that Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- d. For each of the jobs you claim in (c) above that you were denied, identify the person who received the job by name and race, if you know.

<u>Name of Person</u>	<u>Race: (check one)</u>			<u>Status: (check one)</u>	
	<u>Black</u>	<u>White</u>	<u>Other</u>	<u>Seniority (Over you)</u>	<u>No Seniority (Over You)</u>
a) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- e. For each of the opportunities you list in (a), state your basis for believing that Amtrak discriminated against you because of your race. If the successful applicant was senior to you, be especially descriptive with your explanation:

a) #1: _____

b) #2: _____

c) #3: _____

d) #4: _____

Name: _____

Social Security Number: _____

- f. If you complained about any of the instances of discrimination listed in response to Question 3(a), for each one, state how you complained and the result of your complaint:

- g. Had I received the *job(s)* for which I was discriminatorily denied and which I listed in 3(c) above, the difference in my earnings for that year would have been:

- i. Job #1: ☐ \$0 - \$2,000 ☐ \$2,000 - \$5,000 ☐ \$5,000 - \$10,000 ☐ Over \$10,000
 Job #2: ☐ \$0 - \$2,000 ☐ \$2,000 - \$5,000 ☐ \$5,000 - \$10,000 ☐ Over \$10,000
 Job #3: ☐ \$0 - \$2,000 ☐ \$2,000 - \$5,000 ☐ \$5,000 - \$10,000 ☐ Over \$10,000
 Job #4: ☐ \$0 - \$2,000 ☐ \$2,000 - \$5,000 ☐ \$5,000 - \$10,000 ☐ Over \$10,000

- ii. This discriminatory situation was not corrected, and I was denied the pay indicated above, for the following number of years.

☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

Discriminatory Denial of Job and/ or Tailoring

4.

- a. If you were denied a job or opening for which you were already qualified and for which you had seniority, including situations in which following your application the job was redefined or pulled, or a job was specifically tailored to a white employee, and you believe the denial or tailoring for another was based on your race, please describe the experience.

<u>Title and Location of Job Denied</u>	<u>Date of Denial</u>	<u>Name of Official Responsible</u>	<u>Name and Race of Person Assigned to Job</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- b. For each of the jobs you list in response to Question 4.a, state the reason you believe Amtrak denied you the job because of your race. If the successful applicant was senior to you, be especially descriptive with your explanation:

#1: _____

#2: _____

Name: _____

Social Security Number: _____

#3: _____

- c. If you believe that you were discriminatorily denied the job(s) listed in your answer to Question 4.a. above, did you grieve the denial?

☐ Yes

☐ No

If you grieved the denial, when did you do so and what was the result?

- d. Had I received the *job(s)* for which I was discriminatorily denied and which I listed in 4 above, the difference in my earnings for that year would have been:

i. Job #1: ☐ \$0 - \$2,000 ☐ \$2,000 - \$5,000 ☐ \$5,000 - \$10,000 ☐ Over \$10,000

Job #2: ☐ \$0 - \$2,000 ☐ \$2,000 - \$5,000 ☐ \$5,000 - \$10,000 ☐ Over \$10,000

Job #3: ☐ \$0 - \$2,000 ☐ \$2,000 - \$5,000 ☐ \$5,000 - \$10,000 ☐ Over \$10,000

- ii. This discriminatory situation was not corrected, and I was denied the pay indicated in 4.a. above, for the following number of years.

☐ 1 year

☐ 2 years

☐ 3 years

☐ 4 years

☐ 5 years

Employed But Did Not Receive Equal Pay Either Because of Access to Overtime or Winter Furlough

5. I am or was an Amtrak employee in a NEC or Amtrak MBTA service BMW-covered job and I believe that I was not paid fairly during the following years, and in the following position(s) because of my race:

- a) I believe I was not paid fairly because of my race for the following reasons:

☐ Non-African American employees were given overtime opportunities that should have been mine.

☐ I was furloughed during the winter season when I should not have been, *and*, by reason of my furlough, a white employee was able to continue on the job throughout the winter.

☐ Other (*Explain*): _____

Name: _____

Social Security Number: _____

- b) The reason I believe I should have been paid more either through overtime or by avoiding furlough is: _____

- c) I believe I should have been paid more per year as indicated below for the following years:

<u>Year</u>	<u>Additional Amount I Believe I Should Have Been Paid</u>
1995	_____
1996	_____
1997	_____
1998	_____
1999	_____
2000	_____

- d) The white employees in similar circumstances to mine who were not furloughed, or who were offered overtime that rightfully was mine were:

- e) Did you grieve the denial of overtime or the furlough for the following years:

1995	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1996	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1997	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1998	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1999	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2000	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name: _____

Social Security Number: _____

Employed but Experienced Unwelcome Racial Language or Hostile Environment

6. Between the dates of ____/____/____ and ____/____/____ during the relevant period (January 1, 1995 to May 5, 2000), I believe I was subjected to unwelcome or retaliatory racial language or conduct while working in a BMW-covered position within the NEC or Amtrak MBTA service.

☐ Yes ☐ No ☐ Not Applicable

- a) The unwelcome racial language or conduct or retaliation I am referring to consisted of the following:

☐ Written Language ☐ Gestures ☐ Graffiti

☐ Verbal Language ☐ Other (indicate): _____

- b) This language or conduct occurred:

☐ Once ☐ 6 to 20 times

☐ 2 to 5 times ☐ Continuously and/or more than 20 times

- c) I reported this language or conduct or brought it to the attention of one or more of my supervisors, managers, or others in management:

☐ Yes ☐ No

- d) Name(s) and job title(s) of the person(s) who engaged in the unwelcome racial conduct or used unwelcome language:

Name(s): _____

Job Title(s): _____

- e) Name and position of supervisor/manager to whom you reported one or more incidents referred to above, and the date of report:

Name: _____

Job Title: _____

Date of Report: _____

Result of Report: _____

- f) Describe the retaliation or unwelcome racial conduct or language *in 25 words or less*:

Name: _____

Social Security Number: _____

Discriminatory Discipline other than Termination

7.

- a) If you believe you were unfairly disciplined by Amtrak during the relevant time period between January 1, 1995 and May 5, 2000, describe each disciplinary action giving the date, the result, and the reason Amtrak gave for its action.

	<u>Date</u>	<u>Discipline</u>	<u>Reason</u>
1)	_____	_____	_____
2)	_____	_____	_____

- b) As to each disciplinary action identified, state why you believe you were punished, or your punishment was more severe, because of your race. Also provide the names and circumstances of any white employees who were treated differently. If you need more room attach another sheet, which includes your full name and social security number.

i) Discipline 1: _____

ii) Discipline 2: _____

- c) How much money did each of these incidents cost you?

Discipline 1: _____

Discipline 2: _____

Discriminatory Termination

15. If you were in BMW-covered position in the NEC or Amtrak MBTA service and fired by Amtrak during the relevant time period (January 1, 1995 to May 5, 2000), and believe it was unfair and based on your race, answer the following questions:

Name: _____

Social Security Number: _____

- a) Give the date and the reason Amtrak gave for your termination. Use one of the following reason codes for the reason. Also, if you were reinstated, give the date of reinstatement.

- | | |
|-----------------------------------|---------------------|
| 1. Poor Performance | 5. Insubordination |
| 2. Attendance | 6. Other (describe) |
| 3. Drug/Alcohol Use | |
| 4. Allegation of Unlawful Conduct | |

Date of Termination

Reason Code

Date of Reinstatement

(1) _____

- b) As to the termination you listed above, state why you believe you were fired unfairly and why you believe that, if you had been white, you would not have been fired. Identify any white employees who were not fired for similar offenses.

Reason I Believe I Was Terminated Unfairly

White Employees Who Were Treated Better

- c) What was your salary at the time you were fired? _____

- d) How long were you out of work after you were fired? _____

- e) How much money have you lost as a result of the firing? _____

IF YOU WERE FIRED, YOU MUST SUBMIT WITH THIS CLAIM FORM COPIES OF THE TAX RETURNS YOU FILED (OR SWORN STATEMENTS OF ALL INCOME YOU EARNED) FOR THE YEAR YOU WERE FIRED AND FOR THE TWO YEARS FOLLOWING.

Involuntary Resignation

17. I resigned (or retired early) from Amtrak due to the following reason(s) (check one or more):

☐ Pay was too low ☐ I did not like the work ☐ I got a better job

☐ The working conditions were intolerable because I am Black.

☐ Other: _____

Name: _____

Social Security Number: _____

18. If you answered that the “working conditions were intolerable” to question 17, explain why you believe the conditions were intolerable and how they were related to your race, and provide the name(s) and position(s) of the offending supervisor(s). If you answered “other,” also explain your answer below.

19. Since I left Amtrak I have made less money than I would have if I had remained there.

☐ Yes ☐ No

If you answered “Yes,” provide the annual amount less and number of years:

Medical Effects of Discrimination

20. I went to a doctor or other health care professional because of the effects on me of the racial discrimination I experienced. Do not include any doctor visits for injuries not resulting from discrimination.

☐ Once ☐ More Than Once ☐ Never

Doctor’s Name: _____

Doctor’s Complete Address: _____

Type of Medicine/Treatment Prescribed/Duration of Treatment: _____

Prior Release or Adjudication of Claims

21. I previously filed a charge of discrimination and/or lawsuit against Amtrak based on my race or color:

☐ Yes (*if yes, attach copies with this claim*) ☐ No

If yes, I received the following award of money and/or job relief as a result of that charge or lawsuit:

If you have previously filed a charge or lawsuit, identify the court or agency with which it was filed and what the judge, jury or hearing officer determined:

Name: _____

Social Security Number: _____

22. I have previously signed an acknowledgment, release or other agreement and received a cash amount or other relief from Amtrak in connection with any employment action for which I am seeking compensation on this Claim Form.

☐ Yes

☐ No

If yes, I received the following award of money and/or job relief as a result of that charge or lawsuit:

The date I received the award from Amtrak was: _____

23. Provide a W-2 or other document reflecting that you were employed by Amtrak between January 1, 1995 and September 30, 1999.

Name: _____

Social Security Number: _____

I AFFIRM, UNDER THE PAIN AND PENALTY OF PERJURY IF I AM UNTRUTHFUL, THAT THE FACTS I HAVE STATED IN THIS CLAIM FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF CLAIMANT

DATE

I CONSENT AND AGREE TO ALLOW ACCESS TO ANY CONFIDENTIAL PERSONAL INFORMATION TO ANY EMPLOYEE OF SPRENGER & LANG IN CONNECTION WITH ITS INVESTIGATION OF THE ACCURACY OF THE FACTS REPRESENTED IN THIS CLAIM FORM. I UNDERSTAND THAT SPRENGER & LANG IS ENTITLED TO CROSS-CHECK ANY INFORMATION THAT I HAVE SUPPLIED HEREIN WITH BOTH AMTRAK'S RECORDS AND THE RECORDS OF THE BMW. I UNDERSTAND THAT I MUST KEEP SPRENGER & LANG INFORMED ABOUT ANY CHANGE IN MY HOME ADDRESS. IF I DO NOT DO SO, I UNDERSTAND THAT I MAY NOT RECEIVE ANY AWARD THAT I MIGHT OTHERWISE BE ENTITLED TO RECEIVE.

SIGNATURE OF CLAIMANT

DATE

SIGN ON BOTH LINES ABOVE TO COMPLETE PART D.

**PUT YOUR CLAIM FORM IN THE ENVELOPE,
ADD POSTAGE,
AND MAIL BY JUNE 30, 2000.**

Name: _____

Social Security Number: _____

CLAIM FOR A CASH AWARD

PART C:

OUTSIDE (NON-AMTRAK) APPLICANTS **REJECTED FOR BMW-COVERED** **POSITIONS IN THE NEC OR AMTRAK MBTA SERVICE**

ANSWER ALL OF THE QUESTIONS IN PART B IF YOU **APPLIED** FOR A BMW POSITION AT AMTRAK BETWEEN JANUARY 1, 1995 AND MAY 5, 2000, BUT DID NOT RECEIVE A JOB OFFER.

**CLAIMS THAT AROSE BEFORE JANUARY 1, 1995
OR AFTER MAY 5, 2000, ARE NOT ELIGIBLE FOR
AN AWARD FROM THE SETTLEMENT FUND.**

**MONETARY AWARDS UNDER THIS PART CANNOT
UNDER ANY CIRCUMSTANCE EXCEED \$10,000**

Denial of Employment

1. If you applied for a BMW-covered position at Amtrak in its NEC or Amtrak MBTA service between **January 1, 1995 and May 5, 2000**, but were not hired into such a position, answer the following questions with respect to each of the jobs you applied for; if you applied for more than three jobs, you may add additional copies of the form or use additional sheets of paper. Put your full name and social security number on any additional page(s).

a)	Date of Application	Title/ Location
i)	Job #1: _____	_____
ii)	Job #2: _____	_____
iii)	Job #3: _____	_____

Name: _____

Social Security Number: _____

- b) I submitted my application form or résumé in person at an Amtrak office or to an Amtrak representative at a Job Fair.

i) Job #1: ☐ Yes ☐ No
ii) Job #2: ☐ Yes ☐ No
iii) Job #3: ☐ Yes ☐ No

- c) When I filled out my application, or returned to Amtrak at a later date, I had a job interview at the following location and with the following people.

	<u>Interview Location</u>	<u>Name(s) and Race(s) of Interviewer(s)</u>
Job #1:	_____	_____
Job #2:	_____	_____
Job #3:	_____	_____

- d) Did you have prior experience in a job similar to that for which you applied at Amtrak?

i) Job #1: ☐ Yes ☐ No
ii) Job #2: ☐ Yes ☐ No
iii) Job #3: ☐ Yes ☐ No

If your answer is "yes," describe your qualifications: _____

- e) Were you given any tests when you applied for the position at Amtrak?

		<u>Type of Test</u>
i) Job #1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
ii) Job #2:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
iii) Job #3:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Name: _____

Social Security Number: _____

f) If you were given a test, did you pass the test?

i) Job #1: ☐ Yes ☐ No

ii) Job #2: ☐ Yes ☐ No

iii) Job #3: ☐ Yes ☐ No

g) I believe that Amtrak decided not to hire me in part because I am Black.

i) Job #1 ☐ Yes ☐ No (If the answer is "yes," give basis for your answer below.)

ii) Job #1 ☐ Yes ☐ No (If the answer is "yes," give basis for your answer below.)

iii) Job #1 ☐ Yes ☐ No (If the answer is "yes," give basis for your answer below.)

h) I was unemployed for the following length of time after my unsuccessful application for a position at Amtrak.

i) Job #1: _____

ii) Job #2: _____

iii) Job #3: _____

4. Provide copies of documentation (a photo identification) showing you are Black.

5. Provide copies of your tax returns for the year in which you were not hired and the two years following any discriminatory denial of employment that you have claimed on this form.

Name: _____

Social Security Number: _____

IF YOU WERE NOT HIRED, OR WERE NOT HIRED INTO A BMW-COVERED POSITION IN THE NEC OR THE Amtrak MBTA service, YOU MUST SUBMIT WITH THIS CLAIM FORM COPIES OF THE TAX RETURNS YOU FILED (OR SWORN STATEMENTS OF ALL INCOME YOU EARNED) FOR THE YEAR YOU WERE NOT HIRED AND FOR THE TWO YEARS FOLLOWING THAT YEAR. YOU MUST ALSO PROVIDE A COPY OF A PICTURE ID.

I AFFIRM, UNDER THE PAIN AND PENALTY OF PERJURY IF I AM UNTRUTHFUL, THAT THE FACTS I HAVE STATED IN THIS CLAIM FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF CLAIMANT

DATE

I CONSENT AND AGREE TO ALLOW ACCESS TO ANY CONFIDENTIAL PERSONAL INFORMATION TO ANY EMPLOYEE OF SPRENGER & LANG IN CONNECTION WITH ITS INVESTIGATION OF THE ACCURACY OF THE FACTS REPRESENTED IN THIS CLAIM FORM. I UNDERSTAND THAT I MUST KEEP SPRENGER & LANG INFORMED ABOUT ANY CHANGE IN MY HOME ADDRESS. IF I DO NOT DO SO, I UNDERSTAND THAT I MAY NOT RECEIVE ANY AWARD THAT I MIGHT OTHERWISE BE ENTITLED TO RECEIVE.

SIGNATURE OF CLAIMANT

DATE

SIGN ON BOTH LINES ABOVE TO COMPLETE PART B.

WHEN YOU HAVE COMPLETED YOUR CLAIM FORM, PUT IT IN THE ENVELOPE, ADD POSTAGE AND MAIL IT NO LATER THAN JUNE 30, 2000.